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Complete if Known Substitute for form 1449/PTO Application Number 10/580,191 Filing Date February 26, 2007 INFORMATION DISCLOSURE First Named Inventor Nils-Erik ENGSTROM STATEMENT BY APPLICANT Art Unit 3635 (Use as many sheets as necessary) **Examiner Name** Gay SPAHN Attorney Docket Number 8688.048.US0000 Sheet 1

			U. S. PATEN	T DOCUMENTS	
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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/G.S./		DE 209979	11-13-1906			
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Examiner Signature	/Gay Spahn/ (07/12/2008)	Date Considered	07/12/2008

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				DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ - Number ⁴ - Kind Code ⁵ (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
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Examiner		Date					
Signature	/Gay Spahn/ (07/12/2008)		07/40/0000				
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